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Program Perspectives
on

SUICIDE PREVENTION:

GUIDELINES for Chaplains

D 201.6/12:

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PROGRAM PRESPECTIVES ON SUICIDE PREVENTION:
Guidelines for Chaplains
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OVERVIEW

Because our society tends to define suicide prevention as pulling a person away from an open window or talking them off a ledge, we may be resistent to recognizing the more subtle aspects of the issue. For all our task oriented desires to find and fix problems, suicide is one problem which has many converging, and often conflicting, circumstances. A person may have suicidal thoughts and not act upon them. On the other hand, while not planning to die but intending to draw attention to his or her unhappiness, an individual may, indeed, die of self inflicted wounds.

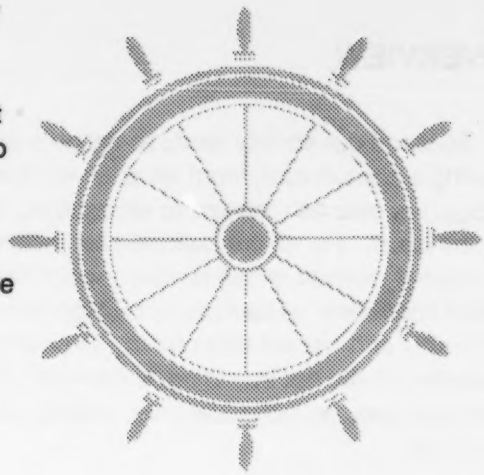
Suicide is a complex issue. There are divergent views regarding its cause. Depression, poor self esteem, loneliness, stress, isolation and loss of hope are part of a long list of symptoms, if not causes. One common observation regarding suicide is that there is no magic number of symptoms that suggest a person is in difficulty. Rather, it is the combined presence of symptoms that determine the potency of the problem. It is the duration, frequency and intensity of the symptoms that suggests the severity of risk for suicide.

Comprehensive suicide programs require not only prevention but also intervention and postvention as well. We must be ready to pull the person off the ledge; ready to intervene by offering assistance to persons experiencing thoughts of harming self; and, we must be ready to assist those who survive suicide. The primary goal is to prevent suicide. When that is not possible grief recovery and return to command readiness becomes primary. Family members need care in the aftermath. They often experience a sense of guilt and shame when their loved one commits suicide. Commands, too, will share similar kinds of family dynamics when a member dies by suicide and will also be in need of assistance in normalizing life.

For institutional settings such as military commands successful suicide prevention can begin with maintaining a well balanced selection of on-going programs designed to stabilize and enrich the lives of the service member and families. Although programs, of themselves, are not the only means of dealing with suicide, they are an excellent place to start. Because suicide involves not only the victim, but family members, shipmates, comrades, supervisors...buddies, a variety of programs can help increase the odds that service members and their families will find the help they need.

Because chaplains regularly relate with persons seeking assistance it is essential that they maintain awareness of the wide variety of on-going support services offered to personnel, and, in this instance, the specific suicide prevention services, which are made available to personnel and their families.

Guidelines for Chaplains



The chaplain can begin by assessing his or her own contributions to the total program. For example, consider the COMMAND RELIGIOUS PROGRAM. Do Planned Ministry Objectives reflect pastoral support in suicide related cases? How do area chaplain watchbills impact on follow-up of pastoral counseling for duty calls which involve suicide potential? Functioning in accordance with OPNAVINST 1730, the Command Chaplain's Office has responsibility for the following areas:

- pastoral counseling
- nurture/study groups
- pastoral care
- divine services

Cultivating other professional disciplines, the chaplain can maintain an awareness of other command sponsored activities. The MEDICAL TREATMENT FACILITY is one such activity. What are the MTF's requirements for timely referral of a member who is suicidal? What kind of follow up does the MTF provide to the service member/family and to the command? Be aware that, functioning in accordance with BUMEDINST 6520.1A, the following are among the MTF's responsibilities:

- suicide risk assessment
- medical/psychological treatment
- family advocacy treatment programs

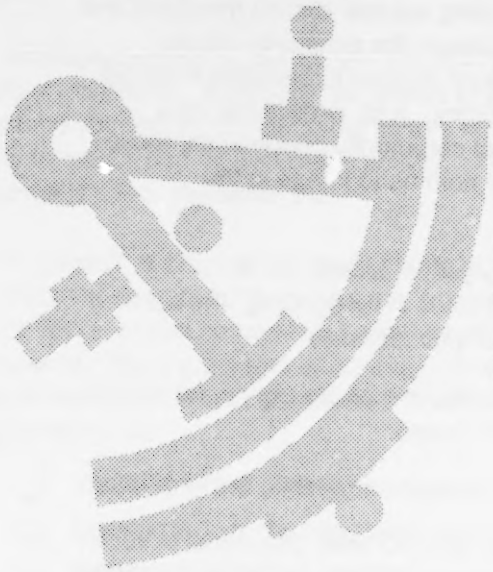
Programs and services offered by the military FAMILY SERVICES CENTER are invaluable in focusing in on family and personal issues impacting on suicide among service members and their families. How does the center counsel and refer persons presenting with suicidal behavior or ideation? Is the command informed in order to ensure timely follow up support for the member? Following the guidance provided in OPNAVINST 1754, Navy Family Services Centers will often provide:

- counselors/social workers
- education and support group programs
- some centers have a crisis hotline

Alcohol is involved in a significant number of suicide attempts. Members of the command sponsored team of services, the COUNSELING AND ASSISTANCE CENTER (CAAC) and the Drug And Alcohol Program Representative (DAPA) may play a significant role in the suicide prevention program. What is the policy for referral of personnel considered to be at risk for suicide? Be aware of the functional responsibilities OPNAVINST 5350.4 assigns the CAAC in these areas:

- NADSAP (Navy Alcohol and Drug Safety Action Program)
- substance abuse evaluation and treatment referral

ON-GOING INITIATIVES



The command also provides for general and on-going concerns of members and families. Maintain an awareness of these concerns and how they are presented in program formats. Are the programs used by personnel? Do usage rates provide information on the value of such programs? And, most important, how often does the command religious program refer people to these activities as a source of personal growth? Areas of command concern include, but are not limited to:

- education and training/GMT
- leadership practices/unit cohesiveness
- physical fitness/sports recreation
- career/budget counseling
- sponsor/Ombudsman programs

For commands, one of the more troublesome aspects of suicide is the dynamic of isolation and shame the 'at-risk' individual often experiences. Offering support services in a positive atmosphere increases potential for identifying and dealing with persons who are at risk for suicide. Perceiving programs in terms of 'wellness' and 'enrichment' can do much to encourage persons to use those services - even before their situation reaches a crisis level.

Sometimes, it can be easier for the person to pick up a phone and talk to an anonymous voice over a receiver than to talk about their troubles with a buddy or a supervisor. In reality, many people have privacy issues in disclosing their personal problems to the command. In addition, do not underestimate the power of the 'it will hurt my career if I tell my troubles' stigma. Add to this the fact that the suicidal person feels isolated, often ashamed of their thoughts about ending their life and hopeless, helpless about changing their situation.

The chaplain can assist the command to 'take care of it's own' by capitalizing on a variety of services available to its personnel and families. Using community services should, in no way, compromise the command's opportunity to provide for its members. Myer Moldeven, in his article "SUICIDE: Prevention Must Be Everybody's Business," suggests an outline of ways to interface with community resources. Here are some ideas for adapting these suggestions:

- ❑ Routinely check with local crisis clinics in the area to determine the nature of distress calls being received from military people. Agencies guard this information very closely for obvious reasons of privacy. But, a command liaison can cultivate a professional relationship of trust between the agency and the command, as the command seeks only general information which they can evaluate to determine general trends. Names and individual problems are not needed in this case. The command chaplain or the CAAC representative are ideal liaisons.

- ❑ Provide information which will aid civilian professionals in understanding the military setting and system set up for handling suicidal service members and family members. Is the civilian agency aware of the emotional issues surrounding the cycle of deployments? Such general information need not be given in conjunction with deployment dates. And, when done on a somewhat routine basis, and in the spirit of community cooperation, these activities can also serve to foster a positive command image in the community.

- ❑ Ensure that key personnel such as security police, Master-at-Arms, Ombudsmen, family support workers are trained in recognizing the warning signs and how to refer potential suicides to professionals.

- ❑ If there are 24-hour hotlines in the community, ensure the phone number is posted around a central information bulletin board.

- ❑ Provide suicide prevention briefs for supervisory personnel in the command.

- ❑ Be supportive of TAD training opportunities for LPO level personnel in such services as Financial Counselor Training, Career Counselor Training, DAPA Training. Support the goals of the Command Assessment Team, which, by the way, is mandated in OPNAVINST 5354 to conduct an annual command survey which is designed to inform the command regarding human services agendas within the command.

STRESS AND SUICIDAL BEHAVIOR

There is debate among clinicians and behaviorists as to what extent stress impacts on suicidal behavior. Stress is a normal part of life; and people are usually able to cope. Experts do agree that stress can be a factor in the COMBINATION of events, situations, and decisions that lead a person to believe that suicide is the answer for them. Some observations regarding the unique stressors military members and their families experience can provide insight into how stress is a factor in suicide.

Stress can be as subtle as diminished work requirements which present low-demand stress associated with boredom. If the work schedule is cyclic, swinging from extremes of maximum to minimum output, stress can escalate. Repair and supply ships experience this kind of fluctuation, as do embarked Marine units. The alert chaplain will monitor responses of the troops during such fluctuations in the work load schedule. How well, or poorly, is the member coping with the changes in routine?

Stress impacts military marriages in unique ways. But for some couples stress can feed suicidal behavior by becoming part of a downward spiral into depression, isolation and a sense of hopelessness. For example, a service member may face a spouse who has increased hostility before and after deployment due to feelings of being deserted on departure and/or loss of independence upon the member's return. As a result suicidal behavior appears to increase prior to deployments. This is when collegial relationships with the medical treatment facility and civilian agencies can help the command evaluate the

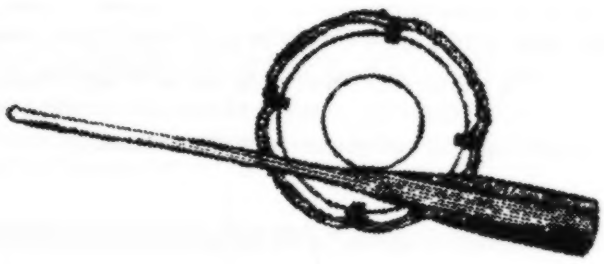
degree of manipulation present in the situation and determine strategies for managing the crisis.

Additional stressors include the first few months after enlistment and the last few years before retirement. These are life events in which one's self esteem and sense of belonging become vulnerable. Contributing factors range from the economics of changing from active duty to retired pay, to the simple activity of developing a new daily routine. For some, the change is not a welcome one.

In general, a program of stress management can help individuals discover positive ways of making stress work for them and not against them. Some medical treatment facilities and large shore-based commands having family services centers offer stress management programs. Such programs could even be offered on a squadron or unit level in much the same way an I-Division is offered. The most effective results occur when the program is designed to be:

- ❑ sensitive to the command's work schedule
- ❑ by referral from the member's command supervisor
- ❑ non-punitive for the member
- ❑ content specific with monitored attendance
- ❑ a standardized curriculum
- ❑ two mornings or one day
- ❑ offered routinely, perhaps quarterly.
- ❑ groups of 5 to 25 people.

Stress Management Programs can be set up in a variety of ways. The program coordinator may invite qualified speakers from several sources such as the Medical Training Facility, the Navy Family Services Center, or a civilian agency. Staff members of these agencies can speak on topics that lend themselves quite well to stress management. If the MTF has Psychiatrists onboard, a wealth of experience and information can be obtained from these physicians. Chaplains, by virtue of their religious tradition, have access to a rich and powerful perspective of spiritual meditation and personal reflection. Chaplains are in an ideal position to encourage individuals to use their own faith to engender and empower a sense of personal peace and harmony within themselves.



TRAINING AID SUGGESTIONS

Audiovisual media is the best way to communicate with today's young adults. Why not capitalize on it. Capture the military member's attention using a video as a teaching and training aid.

Preview the video. Avoid the frustration of having selected, ordered, gathered equipment and allotted an hour of time for a video tape which has bad sound, is Part Two instead of Part One, and doesn't have the impact message you had assumed. Use the preview session to determine if the video has a leader or discussion guide. Read the guide and use it in planning the training session. If there is no guide, create your own questions and discussion points while previewing the video.

Prior to the class session, make sure your equipment is set up and in working order. Preparing the space is important. If you are showing a video of quiet, contemplative music designed to help reduce stress, chairs may be in a semi-circle with space for extra room between rows. A video showing written data may require table top style student chairs designed for notetaking.

Anticipate possible audience response. It is possible that, as a result of having seen the video, someone will have an immediate emotional response which requires immediate pastoral, or medical, attention? Others may have a response that can be handled on an appointment basis. Is a referral system on line? After showing the video it is wise to have a plan of action already in place for immediate assistance, should the need arise.

Videotapes from a wide variety of commercal firms are available for lending, rental, or purchase. The Chaplain Resource Board maintains a lending library for active duty chaplains which presently contains videos on suicide prevention. Related videos on stress, problem-solving and self esteem are also available.

WHY DO I FEEL THIS WAY

Subject: People in crisis/depression, stressed or suicidal
Length: 50 minutes
Distributor: MTI Film and Video, Inc.
Format: VHS

Synopsis: Dr. Tim Johnson narrates this ABC special presentation. Three case studies are presented. They show persons under stress, who are depressed, who are having trouble coping with life. Identification and treatment procedures are discussed.

Use: Excellent refresher training for supervisory personnel who, having already attended suicide prevention training, would benefit from a view of the 'big picture' in assisting persons who are at risk.

PERFECT PEACE

Subject: Devotional; stress reduction
Length: 30 minutes
Distributor: Moody Videos; International Bible Society
Format: VHS

Synopsis: The gentle movement of the sun across the sky ...a summer rain...the rolling water through tree lined slopes of a mountain stream. These images together with the soft reassurances of God's Word and contemplative music create a sense of inner peace, trust in God's power and majesty. A visual encounter with peace and the Holy God in Jesus Christ, and the peaceful comfort of creation.

Use: Some sections are suitable as a "Call to Worship" or "Benediction" for Divine Services. Content is Christian; may be used in small group exercises, Bible Study or retreat programs.

THE WATERS OF MOUNT DESERT ISLAND

Subject: Stress reduction
Length: 30 minutes
Distributor: The Journal of Pastoral Care Publications
Format: VHS, S-VHS, 3/4" U-matic

Synopsis: Video photography from the Acadia National Park in Maine is woven together with an original piano score composed and performed in harmony with the natural sounds of the island to make this a very relaxing experience.

Use: A Leader's Guide provides instruction on educating viewers to maximize the effectiveness of the video. Content is ecumenical.

DESERT STORM: I WILL BE WITH YOU

Subject: Military member facing combat
Length: Nine songs; 3 - 5 minutes, each
Distributor: Time Well Spent, PO Box 2000, Laguna Hills, CA. 92654
Format: Audio cassette

Synopsis: Though it is designed specifically for personnel in the Gulf War of 1990-91, the content is timeless for people facing the possibility of armed struggle. Certain selections and dialogue speak to issues of loneliness and anxiety in general. Narrator speaks to military members stationed in the Persian Gulf theater of operations, Winter, 1991. Offering assurance of God's loving care and encouraging the member to have courage the narrator speaks about the warrior/prophet David as an example of faith and courage between contemporary religious songs such as, "I Will Be With You,", "You Are My Refuge," "The Lord Is My Light," and "The Lord's Prayer," and more.

Use: In small group settings selections may be played for group discussion. Some sections are suitable as a "Call to Worship" or "Benediction" at Divine Services.

IN SUMMARY

Of course, there are additional issues in suicide prevention, intervention and postvention. The books, periodicals and audiovisuals listed in the Annotated Bibliography of this booklet reference some of these issues. The bibliography references a variety of resources: parent's perspectives on suicide; prayers which may be used at a funeral service; a video package on mental fitness which includes a leader's guide and student workbooks; Channing L. Bete's video package on stress management containing booklets, handouts and a well designed video presentation; pastoral care and counseling texts, and more.

The examples of suicide prevention briefs and the Memorial Service included in this booklet can also assist you in creating programs which fit the needs of your command and community. Use this information to gain further insight into ministering to persons in the sea services.

Because there is no one thing, no panacea, which will eradicate the act of taking one's own life we must work together to do what we can, when and where we can. Then, we must trust the Great Creator to use our actions for the ultimate good of all.

SUICIDE: RECOGNIZING THE WARNING SIGNS

Brief delivered to Marine Corps non-commissioned officers, Camp Elmore, Norfolk, VA.

by Julia T. Cadenhead, LCDR, CHC, USN

I am going to speak to you this morning on how you can learn to recognize the warning signs that indicate an individual may be suicidal. It is a difficult subject for most of us. We tend to measure success in terms of having pulled a person away from a window or talked them back off a ledge. We do not always recognize success as simply getting in individual to a professional counselor BEFORE a gesture is made. Maybe that is why the suicide rate is so high? 35,000 Americans kill themselves each year - 95 people per day are dying by their own hand. We need to learn to spot people who demonstrate the warning signs and get them some help BEFORE they attempt to kill themselves. Once they make that first gesture, that first attempt on their life, the risk is greater that they will succeed the next time.

Let's talk about PREVENTION. How can you tell if someone is suicidal? And, what do you do about it?

First of all, get to know your troops. You are in a position to either know yourself or have access to middle management who knows them. You need some knowledge of what their normal/routine behavior is. Doing this will, also minimize the "con" factor which I will address later on.

Do a risk assessment. What is that? Risk assessment is basically asking a series of questions about the individual. There are certain symptoms affecting the individual's physical, emotional and behavioral state that will give you some important clues as to what extent he or she is "at risk".

Check out the person's background: Is there any drug or alcohol abuse? By "abuse", I mean, "Does he/she drink a <u>lot</u>, and routinely?" Has a close friend or family member ever committed suicide? (This is an often overlooked clue which is highly significant.) Has the individual attempted suicide before? Has the individual suffered a significant loss: divorce, financial problems, a child who is very ill, death in the family, etc.?

Check out the individual's behavior: Is he depressed? Does he have difficulty sleeping? Has he lost his appetite? Have there been any BIG changes in his behavior? (Once out-going and friendly, has he suddenly become somber and stand-offish? Has he gone from no energy to being hyperactive?) Does he have difficulty staying with the conversation; that is, in concentrating on what is going on? Is he preoccupied with death or violence?

The more "yes" answers to these questions, the greater the risk the individual may act on what he or she says. In other words, if the individual has several of these symptoms present in his or her life, PAY ATTENTION to him or her; to their conversations. If she says,

"I'd be better off dead", or

"Why doesn't somebody just kick me in the head and let me die."

Then, in a calm and even-toned manner, confront her. Usually, repeating the statement back to the individual in the form of a question is effective.

"You'd be better off dead?"or

"What does ' I can't take it anymore ' mean to you?"
Imagine... shipboard, you are the chief of the watch in the pilot house. The officer of the deck says,

"Sound general quarters".

(You say) "Sound general quarters, aye".
Then, you do it. That is clarification to make sure things are done right. Same idea here.

"You said you would be "better off dead"...?"

There is a particular behavior I would like to speak about. It is one of those questions you need to check out. Is the individual accident prone? Is she the "company clown"? Is he a "thrill seeker"? This kind of behavior can be very hard to analyze because of the nature of the mission of The Corps. You work with weapons all the time; you are trained to fight; you are trained to complete a mission of probable violence. A thrill seeker may be hard to spot in your ranks. Let me clarify: I do not mean the individual who moonlights as a comedian at the dinner theater on weekends. I do not mean the individual whose personality gives him a loud, rough-housing style. I am talking about the individual who goes just a little bit too far; just a little bit overboard. Maybe he just kind of "grates" on your sensibilities. Watch out for this individual. Are there 'yes' answers to other problems in his life? Listen to him. Ask him questions. That person just may be in trouble with himself.

Let me explain further: There are times when you are called upon to be "super human". You know, force recon training... Sometimes, being tough is the only way to survive. But, WATCH for the individual who is your "habitual Rambo". This kind of person has a lot to lose; what if he wants to cry when his wife leaves him? He can get trapped between his "I'm Bad" image and his marriage. At that point, he has no alternative for feeling good about himself. He may experience something like this:

"I'm not tough like I thought I was; I'm crying/feeling like I can't make it without her."
He loses face with himself. BOOM, what else is there...

"Maybe I can't make it..." he thinks.
Maybe he WILL NOT make it.

What if she wants to go see her folks for the weekend but the company wants to par-tay? She wants to belong; to prove she's as hearty as the next Marine. She stands to lose her self esteem if she doesn't go.

"I'd rather go see Mama; maybe I am a wimp", she thinks.

"Maybe I can't take life in the fast lane?"
Maybe she won't.

We all have times when we face situations we can't change. At some point in our lives we all find ourselves helpless in the face of bad news; disappointed about a new duty assignment. Some people can get caught in a downward spiral. I mean something like this:

What about the Marine who kicked at a land mine out in the field? What about the buddies who ragged him saying,

"Don't do that kinda stuff, man!"
What about that Marine when he kicked a second land mine that day, just minutes after his buddies had told him not to? What about that Marine's death when that second mine when off killing him and injuring his buddies? What about his recent depression over a failing marriage? Was he suicidal? Who knows. Maybe. Wonder what combination of symptoms were present in that Marine's life that were affecting him that day? One thing is for certain:

weapons and 'at risk' individuals do not go together. Do not LET them: one of the first rules of prevention is to remove the means by which an individual can/or has planned to kill himself. The life you save may be your own!

There are also some readily identifiable events in military life which can fuel suicidal thought/gestures: among them are readying for contingency operations and the last few weeks out on deployment. These are occasions when people may begin to feel hopeless...

"What makes me think things are gonna be any better when I get back..?"

A Marine may be getting heat at home about her long working hours. She's embarrassed and doesn't tell anyone in the company. She doesn't go to anyone for help; keeps it bottled up; isolates herself. Maybe a few beers will ease the pain, she thinks. And, then, the company gets word of a major deployment. Stress escalates; she sees no may out of her problem between work and her family. Drinking escalates, performance marks suffer because she's coming to work late. The downward spiral begins...

Also, recent studies about suicides indicate that holidays are not necessarily 'high risk' periods. Actually, it is the quiet, colorless, let-down days following the holiday season that can be danger periods. Life gets back to the old routine. People may begin to feel hopeless and helpless again. It can be easy for them to perceive that things are still as bad as they were before the holidays. In order words, easy for them to feel that life is hopeless and will never change for the better.

Now, to speak about an especially difficult issue, you, as people managers must face: the issue of being "conned." No one likes to be "conned" It is humiliating. A prevailing concern is

"If we educated everybody on the warning signs of suicidal behavior, they will try to imitate the symptoms in order to get out of something!"

Remember two things: First, health care professionals agree that there seem to be 'active periods' when they see more 'at risk' of committing suicide. And there is evidence that teenagers seem to be part of a phenomena called 'cluster suicides'. So, it is possible that you may have more than one person who has suicidal thoughts at certain times. BUT, and this is the second thing, if you have strong reason to believe you are being 'conned', BACK OFF AND CONSULT. RE-GROUP. Lead by management. That is, send the individual over to see the career counselor; send him to medical for a check up, get the individual over to see the chaplain...check rumor control. Take a look-see at her Service Record. Get input from others. Use teamwork. I suppose you could call it CYA, but more significantly, it is doing what you are trained to do - take care of your own; use the system to do it. Spending an hour or two of work time in medical or the Chaplain's Office is well invested if it can mean avoiding an all day funeral detail.

Identifying individuals who are at risk for committing suicide requires the concern of a friend; the knowledge to recognize the symptoms of danger, the willingness to talk openly, and the initiative to see that professional help is obtained. Marines, you have that very special quality of "esprit de corps." Use it to take care of each other !

Suicide Abatement Lecture: Slides

SUICIDE
IN THE
NAVY
(What Can I Do?)

The Problem...

- inappropriate behavior diminishes effectiveness
- any death, espec suicide, induces command trauma

SUICIDE
FACTS and
A
B
L
E
S

SUICIDE HAPPENS
WITHOUT
WARNING

FACT OR FABLE ?

SUICIDAL PEOPLE
ARE FULLY INTENT
ON
DYING

FACT OR FABLE ?

PEOPLE WHO TALK
ABOUT SUICIDE
DON'T COMMIT
SUICIDE

FACT OR FABLE ?

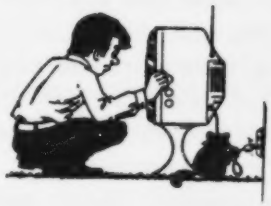
IMPROVEMENT
AFTER A CRISIS
MEANS THE
RISK
IS OVER

FACT OR FABLE ?

SYMPTOMS

CHANGES
behavior
eating
sleeping

prior try
alcohol
final arrangements
pressure/stress



REFER
Don't keep
deadly secrets !

DOCTOR
CHAPLAIN
DIVISION OFFICER
CAREER
COUNSELOR
FAMILY SERVICES

POST VENTION

PUT BACK TO WORK:
- right job
- some problems

- reduce peer judgements
- listen
- continue counseling

YOU CAN.

WE CAN.

SUICIDE ABATEMENT LECTURE WITH SLIDE PRESENTATION

by Victor Smith, CAPT, CHC, USN

Materials needed: Overhead projector; transparencies (or slides); VCR and monitor; videotape chosen by presenter; handouts; meeting space.

FORMAT

I. LECTURE using overhead/slides, 20 minutes
II. VIDEO showing, 30 minutes
III. WRAP UP dialogue, 10 minutes

LECTURE OUTLINE

I. Using question and audience answers style as much as possible, ask

"Who has had an experience with a suicidal person?"
"What happened?"
"How did you feel?"
"Still hurts...?"

- Commands as messed up, too, by death. Suicides are often more difficult because the reason for the death seems obscured. Even when a shipmate gets run over by a tractor trailer, the command is affeced. The reaction is sometimes worse when the reasons are less apparent.

- What may be contributing factors to the Navy rate being lower than civilian counterparts? (e.g., shipmates are closer and see changes in behavior sooner).

- One reason we are concerned is that ANY death is too many. We can make a dent in the numbers and save some of our shipmates by paying attention to them. If an enemy had a gun pointed at your cohort, you would disable the enemy rather than let your cohort be shot. Same with suicide signs.

- Let me ask you about some often quoted statements about suicide. (use "Fact or Fiction" transparencies/slides)

- "There is a Tom and Jerry cartoon that I remember when growing up. The mouse was bored one day; a little fellow popped up on his shoulder with a pitchfork and a long tail who whispered in the mouse's ear to pull the cat's tail. Another little fellow popped up on his other shoulder with a halo and wings who said that would get him in trouble. An argument followed, and the one with the pitchfork threw it at the one with the halo, who then disappeared. This argument obviously was going on inside the mouse who was thinking about both things at once. You may be thinking about last summer's vacation, or home, or anything, while listening to me talking (which

you are being paid to do). There is evidence that suicidal people have a battle going on inside themselves. If you have a chance to save a life, which shoulder are you going to stand on? That is, which side of the argument do you want to take?

- ❑ The great fear is that talking will put ideas in the other person's head. If you have already asked, and the other person has already admitted to thoughts, you can't plant something that is already there, and talking can help the other put things into perspective. It also helps you discern what level of danger the person is facing. The higher the danger, the more definite the plans, the more important it is to seek help. If the person is in possession of the intended lethal weapon, take it away and do not leave the person alone until you have him/her in the hospital ward.

- ❑ When a person thinks the circumstances are similar or the closeness of relationship links with the one who has committed suicide, suicide may seem more of an option. Hence the 'pact' or contagion effect among adolescents in schools.

- ❑ Doctors feel that if behavior patterns are not changed, decisions causing frustrations may resurrect the old solution (of thinking about suicide) for people who may have felt suicidal in the past.

- ❑ What warning signs might one detect from a person with suicidal thoughts? There are others than those listed. Sometimes a gut feeling is enough.

II. Let's watch the VIDEO then come back to the symptoms.

- ❑ (After the video) ask,
  "What do you do if you see a shipmate who you think might be in danger?"

"In the Navy structure, who can help?"
" 'Postvention' is a ten-cent word meaning 'afterwards'. What do you do?"

Usually in a prior answer, someone has said that the root problems need to be addressed. This is one vehicle which supervisors can frequently influence: "wrong job" dilemma - sometimes the Navy cannot respond to people being in the wrong job so listening and letting the person vent is sometimes enough; "problems at home" dilemma - a person may need to be directed to family counseling and given time to make the sessions; a person may need to be referred to CAAC for evaluation for alcohol abuse.

III. WRAP UP. Provide a handout which lists warning signs and location/phone of local suicide counseling agencies. Go over the warning signs with the class.

- ❑ Delay in leaving the meeting space and be aware of the audience as they leave: does anyone appear to be in stress, anyone have a need to speak with you. It may be time to refer, or to act, on behalf of one of the persons in the audience.

POSTVENTION - Psychological Aid For Survivors*

by Lt. Thomas W.S. Logan, Jr. There is Hope: Chaplain's Manual for Suicide Prevention.
Commander Submarine Squadron Two, NAVSUBASE New London, Groton, CT.

Often the Chaplain will have a short time to work with the survivors. He/she may only have the opportunity for one visit. There is not enough time to provide in-depth assistance. There are some helps the Chaplain can give them in a short period of time. Here are some suggestions.

1. Visit the survivors within 72 hours of the suicide. During the visit initiate conversation about the suicide and let them know that their grief is different from other deaths through natural causes. Do not be afraid to use the word suicide. Doing so helps them face the reality of what happened. Encourage the family to have a personalized funeral or memorial service and to attend the command sponsored memorial service. Strongly recommend not to try to "hush it up," though they may be uncomfortable about the suicide.

2. Do not say "I understand." Surviving families will not believe you unless you are a survivor of suicide yourself. You should listen to them without being judgmental. Listening conveys to them that you do not see them as terrible people which they may feel they are.

3. Let the survivors know that although they may feel guilty, the death was not their fault. They did not make the choice.

4. With the immediate family, share any information about other suicides in the civilian community, or in your personal life. Survivors may feel less shame when reminded they are not the only ones to have this experience.

5. Provide literature about suicide and grief.

6. Inform the survivors of the major stresses they might experience. Tell them about the various reactions to suicide, both individual and family reactions. Encourage them to be kind to themselves, to accept their grief, and to be patient with themselves. Urge them to take care of themselves physically, to eat well, and to get plenty of sleep.

7. Respond to the survivor's question "Why" by focusing on the underlying issues:
   - What was there in my loved one's life that made it so unbearable?
   - Was I partly responsible
   - What could I have done to make him/her happier?
   - Could I have kept him/her from dying?

Guilt is the underlying issue the survivor is dealing with in pursuing the answer to the question "Why." They will ask this question repeatedly. Suicide is a very complex issue and the answer to this question can never fully be given.

8. After a suicide, survivors may feel everything is out of control. Encourage them to reestablish daily routine so they can begin to feel a little more in control.

9. Provide information about survivors' support groups and encourage them to get involved even if the survivors move.

10. Support any religious conviction that the survivor may have. Tell them it is all right to be angry with God. Reassure the survivors that if their faith is shaken that this does not mean

they are a bad or sinful person. Help them to recognize they are filtering everything through their emotions.

11. Share with them that the grieving process may take a long time. Sometimes, it may be a year before grief is worked through and it sometimes takes a lot longer.

12. Most of all, tell them they need to express their emotions. Encourage them to talk to someone. Urge them not to keep their emotions bottled up inside them.

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* Adapted From:

Earl A. Grollman, *Suicide Prevention, Intervention, Postvention*. Beacon Press, Boston, MA 1988, pp. 98-99.

Bill Steele and Mary Leonhardi, Survivors: *What to do When There Has Been a Suicide*. Ann Arbor Publications, Inc., Naples, FL, 1986, pp. 72-76.

POSTVENTION – Sample Memorial Service*

by Lt. Thomas W.S. Logan, Jr. There is Hope: Chaplains Manual For Suicide Prevention.
Commander Submarine Squadron Two, NAVSUBASE New London, Groton, CT.

PRELUDE

CALL TO WORSHIP

HYMN #5 O God Our Help In Ages Past

INVOCATION

Chaplain: O God and creator of us all. Be with us this day as we come to worship you. Help us to feel your presence as we wrestle with a terrible tragedy that has touched our lives and as we remember your servant _____.

We pray that though we may be lost in grief, we may find you and be comforted by you. Help us, Heavenly Father, to close our wounds and bind up our broken hearts. Guide all of us as we worship you today.

People: *Amen*

Leader: The Lord is my shepherd, I shall not want; He makes me lie down in green pastures.

People: *He leads me beside still waters; he restores my soul. He leads me in paths of righteousness for his name's sake.*

Leader: Even though I walk through the valley of death I will fear no evil;

People: *For thou art with me; thy rod and thy staff they comfort me.*

Leader: Thou preparest a table before me in the presence of my enemies;

People: *Thou annointest my head with oil, my cup overflows.*

Leader: Surely goodness and mercy shall follow me all the days of my life;

People: *And I shall dwell in the house of the Lord forever.*

HYMN #375 Amazing Grace

SCRIPTURE LESSON(S)

MESSAGE

LITANY

Chaplain: Bless the Lord who nurtures and sustains.

People: *Whose love is everlasting.*

Chaplain: Let us pray for God's help in surviving the tragedy of suicide.

People: *Lord hear our prayer and let our cry come to you.*

Chaplain: For forgiving, loving, and watching over all of us and especially _____, who we remember this day.

People: *Lord hear our prayer and let our cry come to you.*

Chaplain: For all those who have helped us through the aftermath,

People: *Lord hear our prayer and let our cry come to you.*

Chaplain: For the love and concern by each family member, and for their unity.

People: *Lord hear our prayer and let our cry come to you.*

SHARING OF MEMORIES *(Family Member, Friends, Shipmates and Others)*

PRAYER OF NEED

All: Almighty God, we commend to you our grief in the death of _____ *(Name)*, trusting your love and mercy toward him/her. Remove from us all our remaining guilt, our anger, our depression, and our blame. Cast out our fear with your perfect love. Help us to accept what has happened. Help us to live with partial answers. Help us to find ways to cherish our memories. Help us to adapt and reorganize our lives. Heal our wounds, O God, and give us hope for the living of these days and to go on with renewed faith in your everlasting love. Amen.

PRAYER FOR THE DEPARTED

Chaplain: Loving God, you who graciously shows mercy to your children. Remember your servant _____ *(Name)* according to the favor that you bestow upon all your people and grant to him/her forgiveness for all his/her sins and a place with you forever.

People: *Amen.*

MOMENT OF SILENCE

TAPS

HYMN #103 God Is Our Refuge and Our Strength

BENEDICTION POSTLUDE

ANNOTATED BIBLIOGRAPHY

David R. Allen, Ph.D., "Never Surrender". PO Box 1041. Indiana, PA. 15701

Dr. Allen has created a business-card sized piece called "NEVER SURRENDER". The title taken from a popular song of the same title by singer Corey Hart. The card includes: teenage suicide myths and facts, warning signs, how one can help a friend who is hurting, what to do if you're the one who's hurting, and space for schools and other organizations to print the locations and telephone numbers of groups teenagers can call for help. Contact Dr. Allen at the above address to find out how to order quantities of the card.

Timmon L. Cermak, M.D. Diagnosing and Treating CO-DEPENDENCE. Johnson Institute Books. 7151 Metro Blvd. Minneapolis, Minn. 1986.

When describing co-dependent variants, the author describes the person he calls the 'apathetic co-dependent'. This type person, he says, sinks into an emotional stupor in which life looses any sense of hope or meaning in living. "They may take their own lives actively and directly, or passively and indirectly - by doing nothing to avoid an accident, for example, or by refusing to see a doctor at the onset of disease."

Corinne Chilstrom, M.Div. "Suicide and Pastoral Care". The Journal of Pastoral Care. Fall 1989, Vol. XLIII. No. 3 pgs. 199 - 208.

Drawing on her personal experience as the mother of an 18 year old son who committed suicide, the author reflects on the many dimensions of suicide: various types and reasons for suicide, and the variety of reactions by suicide survivors. Noting the stigma of suicide, the author views this compounded grief as one requiring wise and sensitive pastoral care. Eloquent, succinct, and easy to read, this article provides excellent insight into the pastoral care needs of family members who have lost a loved one to suicide.

James T. Clemmons. "What Does the Bible Say About Suicide?". Minneapolis: Fortress Press, 1990.

The author, Professor of New Testament at Wesley Theological Seminary, Washington, D.C., looks at the biblical literature from the Hebrew scriptures to early Christian literature. He examines suicidal behavior, self-sacrifice, and martyrdom in light of scripture.

Frank Colquhoun, ed. Prayers for Every/All Occasion. Morehouse-Barlow Co. Wilton, CT. 1967. p. 245.

The author provides "Prayers Which May Be Used at the Burial of One Who Has Taken His Own Life."

Dr. Paul DeBlassie, III. Inner Calm. Ligouri Publications. One Ligouri Drive. Ligouri, MO. 1990.

Subtitled "A Christian Answer to Modern Stress", this book is designed to help people heal themselves from the ravages of modern day stress. Dr. DeBlassie, from the Christian Psychological Center in Albuquerque, New Mexico, leads readers on to deeper spiritual experience by use of the time-honored Jesus Prayer.

Center of Disease Control "CDC Recommendations for a Community Plan for the Prevention and Containment of Suicide Clusters" Morbidity And Mortality Weekly Report. Atlanta, GA:

Epidemiology Program Office, Centers for Disease Control Atlanta, US Department of Health and Human Services. August, 1988.

This "how-to" booklet outlines and discusses recommended community actions for dealing with further suicides or suicide attempts within a targeted grouping. It speaks to issues such as how sensationalized information about suicides that have occurred can contribute to 'contagion' of the act. It addresses elements in the environment that might increase the likelihood of further suicides or suicide attempts. The conditions required for a good response plan to suicide in the community are discussed.

Edward J. Dunne and John L. McIntosh and Karen Dunne-Maxim. Suicide and Its Aftermath: Understanding and Counseling the Survivors. W.W. Norton & Co. New York, N.Y. 1987.

The authors provide an in depth study of family members, close friends and others who experience the loss of a loved one through suicide. Counseling strategies are discussed.

Great Performance, Inc. Stress Management. 14964 N.W. Greenbrier Pkwy. Beaverton, OR. Training Images International. 22804 Victory Blvd. #155. Woodland Hills, CA. (Distributor). Ask for "Leslee". 800-882-9436.

This 16-page booklet written in a workbook format teaches four sets of skills for managing stress: awareness, acceptance, coping and action.

Sidney Goldstein. Suicide In Rabbinic Literature. Hoboken, N.J. KTAV Publishing House, Inc. 1989.

In this book, Rabbi Goldstein examines the approaches adopted by Jewish halakhists and thinkers over the centuries, comparing them to classical and Christian attitudes regarding suicide. Rabbi Goldstein's concern for the applicability of the relevant laws and opinions to modern problems is evident throughout the study. Topics of note include: suicide and the consumption of alcohol; suicide as an act of martyrdom; suicide under conditions of incarceration; humiliation as a cause of suicide.

Corrine L. Hatton and Leonhardi. "Bereavement Group for Parents Who Suffer a Suicidal Loss of a Child". Suicide and Life-Threatening Behavior. Vol. 11. No. 3. Fall. 1981.

J.C. Helmkamp. "A Descriptive Summary of Active-Duty Deaths in the U.S. Navy in 1986". Military Medicine. 153: 621-625. 1988.

John H. Hewett. After Suicide. Westminster Press. Philadelphia, PA. 1980. pgs. 113 - 116.

The author has developed a memorial service to be used by family on the anniversary of a suicide.

Polly Joan. Preventing Teenage Suicide. Human Sciences Press, Inc. 72 Fifth Avenue. New York, N.Y. 1986.

This 147 page book presents a program model for guiding adolescents in ways to understand and cope with depression and/or suicidal feelings. In addition to identifying the classic warning signs, the author also addresses such issues as what to do when you're depressed; role plays of crisis counseling situations; and, listening awareness activities.

Pat King. Scripture-Based Solutions to HANDLING STRESS. Ligouri Publications. One Ligouri Drive. Ligouri, MO. 1990.

This unique book provides a practical, hands-on approach to stress management. The author, mother of ten, writer and speaker, combines scriptural advice, professional research and her own experiences. She creates a workbook approach to conquering energy depleting stresses. There are twelve lessons which include exercises, prayer and journalling activities which are designed for individual or group use.

Jacques Pohier and Dietmar Mieth, Editors. Suicide And The Right To Die. Stiching Concilium and T. & T. Clark, Ltd. Edinburgh. 1985.

This is a collection of essays by philosophers, psychiatrists and Roman Catholic theologians from all over the world. In the area of theology, the traditional moral stance of the Roman Catholic Church is presented and discussed, along with funeral rights and liturgical developments. The application to ministry extends beyond the specific context of suicide as violent self-injury, and into medical ethical decisions regarding euthanasia.

Robert D. O'Rourke. Prescriptions For Stress. Allen, Texas. Argus Communications, Inc. 1982.

This collection of a wide variety of positive coping behaviors is not a stress 'theory' book. The author recognizes that we can never eliminate stress from our lives. Therefore, this stress management book contains practical, down-to-earth methods for becoming more confident in dealing with pressure and anxiety. Among the more than 35 suggested exercises is: "A Rosary of Pleasant Memories", "Mantra for Peace of Mind', "Gone Fishin' ", "Give Yourself Away', "Pitching Horseshoes", and "Advice for the Middle Years."

Alan McEvoy and Edsel L. Erickson. Youth and Exploitation: A Process Leading to Running Away, Violence, Substance Abuse and Suicide. Learning Publications, Inc. P.O. Box 1326. Holmes Beach, Fla. 34218

The authors discuss the character of exploitation in the intimate relationships of family and so-called friends of adolescents and how this impacts on young people who are at the point of suicide, drug abuse, running away or violence. Concluding chapters include information on risk reduction, resources and recommended readings.

Merrill F. Baver, M.S.W. Ph.D. and George Dyck, M.D. Mental Fitness: A Guide to Emotional Health. Crisp Publications. Los Altos, CA. Training Images International (Distributor). 22804 Victory Blvd. #155. Woodland Hills, CA. 800-882-9436, ask for "Leslee".

This 63-page paperback book is written in workbook format. The book's objective is to help a person develop a personal action plan to improve the quality of his or her emotional health; and then make any required behavioral changes by applying concepts presented in this book to that person's unique situation. It can be used for individual study, workshops and seminars or informal study groups. There is a video package available: VHS video, five books and a Leader's Guide.

Dick Schaeffer. Pamela Espeland, Editor. Choices and Consequences. Johnson Institute Books. Minneapolis, Minn. 1987.

The subtitle of the book, "What to do When a Teenager Uses Alcohol/Drugs", provides a step-by-step system of intervention with teenage substance abusers. Pages 21 - 26 and 40 - 43 reference suicide plans and attempts and how suicide relates to the abuse process.

Judie Smith. Suicide Prevention: A Crisis Intervention Curriculum for Teenagers and Young Adults. Learning Publications, Inc. P.O. Box 1326. Holmes Beach, Fla. 34218.

This 65-page workbook, including fill-in-the-blank sections, is designed to be used as five separate lesson plans. Practical, hands-on information and education on such topics as identifying feelings and empathic responses; an open-ended statements exercise on attitudes about suicide and a suicide questionnaire. Workbook goals include helping the student become aware of their own attitudes about suicide, become knowledgeable about the problem of suicide, acquire listening and communication skills, and learn the principles of suicide prevention.

Carol Staudacher. Beyond Grief: A Guide for Recovering From the Death of a Loved One. Oakland, CA. 1987.

R. Scott Sullender, Ph.D. and H. Newton Malony, Ph.D. "Should Clergy Counsel Suicidal Persons?". The Journal of Pastoral Care. Fall 1990. Vol. XLIV. No. 3. pgs. 203 - 211.

In this discussion of the issues involved in the pastoral counseling of suicidal persons in light of the Nally vs. Grace Community Church case the authors alert clergy to factors of competency, training, supervision, and litigation as essential and necessary factors to consider in working with suicidal persons. Asserts that clergy have an indispensable and crucial role to play in the holistic treatment of persons suffering from clinical depression which may lead to suicide-threatening behavior.

The United Methodist Church. "Suicide: A Challenge to Ministry". The Book of Resolutions. Nashville. The United Methodist Publishing House. 1988. Pgs. 317 - 322.

An excellent example of what a church body can resolve to do after careful study by clergy and laity.

AUDIOVISUALS

About Stress Management. Channing L. Bete, Co., Inc. 200 State Road. South Deerfield, MA. 800-628-7733. 20 minutes.

Stress is normal - it's a part of everyone's life. But too much stress, without relief, can have disastrous effects. This video is designed to help people understand what stress is and how it affects them and to teach people how to better manage stress in their lives. The video comes with presentation tips, a quiz and review guide. The video is designed for stopping the tape for group participation.

Amy and the Angel. Coronet/MTI Film & Video. 108 Wilmot Road. Deerfield, IL. 60015. (800) 621-2131. Ask for "Jan". 30 minutes.

Depressed about her lack of social life and her parent's divorce, 17 year old Amy considers suicide. Then her guardian angel shows her how dismal life would have been if she'd never been born. Amy realizes that things really aren't as bad as they seemed, and she now faces life with new optimism and self-esteem. Features an appearance by James Earl Jones. " I feel the film can impact on both the insensitive students who harass the 'less than lovely' as

well as those contemplating suicide," says Elisabeth Wayland, School Social Worker. (ABC Afternoon Special) Emmy nominee.

A Tribute to Tim. Suicide Prevention & Education Center. 982 Eastern Parkway. Louisville, KY. 40217.

The video shows a suicidal student being saved by his friend even when the teacher they seek out is too busy to help. The story line is based on the premise that kids model the behavior of others. The fact that the music is intense, the plot races along, and the saga is complete with a trick ending that ensures no one will fall asleep while viewing this cliff hanger.

The Choice. Naval Imaging Command, Bldg. 168, Anacostia, NDW Washington, D.C. 20374. 1990. Identification Number: 804270DN. 30 minutes.

Intervention strategies are presented in a case study format. The narrator describes the signs of at risk behavior in two Navy members. The viewer listens in on a suicide prevention brief being given by a Navy chaplain and the narrator reinforces and amplifies the information using the case study examples.

Depression and Suicide. "The Power of Choice Series". Michael Pritchard. Coronet/MTI Film and Video, Inc. (Distributor). 420 Academy Drive. Northbrook, ILL. 30 minutes.

Michael Pritchard, juvenile probation officer turned stand up comic tours the U.S. talking to high school students about how they make choices in life. Focus is on the student small groups in which individual students speak about how they feel, cope and react to depression and ideas of suicide.

Everything to Live For. Coronet/MTI Film and Video. 108 Wilmot Road. Deerfield, IL. 60015. 24 minutes.

Viewers learn about the various organizations founded to help troubled teens deal positively with their problems. The film increases awareness of the family and social pressures which often force teenagers to the brink and the warning signals which usually precede a suicide attempt.

Hear Me Cry. Coronet/MTI Film and Video. 108 Wilmot Road. Deerfield, IL. 60015. 30 minutes.

The alarming problem of adolescent suicide is the basis for this compassionate drama. Two boys develop a close friendship as a result of serious difficulties each is experiencing in relationships with their parents. But their mutual unhappiness only heightens their feelings of despair and when a suicide pact results in the death of one boy, a tragic moment of trust confronts all concerned. This is a CBS School break Special.

Ministering To Suicidal Persons and Their Families. Stephen Ministries. 1325 Boland. St. Louis. Missouri. 63117. One hour divided into three parts.

Dr. Rosenthal provides information in a lecture format. He directs his lecture to middle management persons and counselors. He provides basic knowledge about suicide issues, such as the holiday season myth and identifying danger periods when one is at risk. With its accompanying Leader's Guide and Participant Outline, the video will help viewers

understand why people commit suicide, equip people with basic prevention knowledge and educate teens and parents about suicide.

Perfect Peace. Maranatha Music. Moody Videos. International Bible Society (Distributor) 800-524-1588, ask for "Virginia".

This is a video of wonder and awe. It is a visual and aural encounter with the splendor of a Holy and Majestic God who speaks to both the individual and collective hearts of people. Contemplative music combined with scenes of nature invite the viewer to discover anew the comfort of God's promises and magnificence of God's handiwork.

NOTE: OUTUS commands - your local AFRTS affiliate has a copy of this video in their Library Materials. You will not be able to borrow the video, but can request it be shown locally on your AFRTS channel.

Poor Man, Rich Man. International Video Production. Franciscan Communications (Distributor). 1-800-421-8510. 75 minutes.

"People today are looking for new life-styles and values they can trust. St. Francis offers truth, simplicity and unconditional love. In this video St. Francis speaks to us today through the language of mime and music". -Cardinal Basil Hume.

Seasons of Healing: Winter into Spring. Darrell Adams, Music. Christopher Hammon, Photography. Journal of Pastoral Care Publications. 1549 Clairmont Road, Suite 103. Decatur, GA. 30033 (404) 320-1472. 30 minutes.

A videotape to reduce stress, renew spirit, and nurture hope. This is the first videotape of a series combining nature video photography with hymns. Featuring the hymns "Come Ye Disconsolate," "O Love That Will Not Let Me Go," "It Is Well," " 'Tis a Gift to Be Simple," and "Amazing Grace," this videotape moves from the cold of winter to the warmth of spring.

Stress: It's Just What You Think. Barr Films (Distributor). 12801 Schabarum Av. P.O. Box 7878. Irwindale, CA. 91706 (800) 234-7878. 20 minutes.

This is a film that guides young people to understand stress in their lives and teaches them positive ways of managing it. Viewers will learn to recognize their stress for what it is and trace its causes. Then, interviews with other teenagers demonstrate ways of removing or reducing stress by changing the situation, changing oneself and ones attitudes, and by learning to relax. Peace of mind is important part of good health and it comes from positive attitudes about oneself and an ability to manage the stress that is with us every day.

The Stress Mess. Training Images International (Distributor). 7334 Topanga Blvd. Suite 117. Canoga Park, CA. 91303. (800) 882-9436, ask for "Leslee". 25 minutes.

This film by Ron Underwood and Brent Maddock is a humorous, yet hard hitting film that shows how to identify the sources and signs of stress in our lives. It teaches us how to reduce and manage stress. It explains important time management techniques. The film allows people to see themselves in a realistic yet non-threatening way. And, it shows them simple ways to reduce stress and make life more productive...and enjoyable.

Stress Reduction Strategies That Really Work!. Human Relations Media. 175 Tompkins Avenue. Pleasantville, N.Y. 30 minutes.

This video provides information on how people react to stress (positive or negative) and details step-by-step techniques proven effective in reducing or eliminating stress symptoms. The program demonstrates that each individual has his/her own coping style and ways of dealing with various types of stressors.

Suicide Survivors. Films for the Humanities & Sciences (Distributor) PO Box 2053. Princeton, N.J. 08543. (800) 257-5126. 26 minutes.

The pain of survivors is acute after any death, but the grief inflicted by suicide may be the hardest to bear. Because suicide is sudden, often violent, and weighted with the added burdens of guilt and stigma, it is perhaps the most difficult to resolve. This program explores the special needs of suicide survivors, the role of suicide survivor groups in helping survivors cope with the bereavement process.

Suicide: The Parent's Perspective. Films for The Humanities & Sciences. PO Box 2053. Princeton, N.J. 800-257-5126. #SD-2352. 26 minutes.

This video seeks to help parents listen to their teens with greater awareness and to help them identify some of the symptoms of serious trouble. There is a companion video entitled, Suicide: The Teenager's Perspective, #SD-2351, which deals with one promising solution in suicide prevention, i.e. peer groups. It addresses ways teens can recognize the signs of impending suicide in their peers.

Surviving Depression. Clayton Barbeau. Franciscan Communications (Distributor). 1229 South Santee Street. Los Angeles, CA. 26 minutes.

In this program Clayton helps us come to terms with the signs of depression which include: changes in eating habits and sleeping habits; inattentiveness, a sense of alienation, and even thoughts of suicide. He, then addresses the tactics of survival. This video is one of a series of videos which includes: "Surviving Loneliness", "Surviving Rejection and Failure" and others.

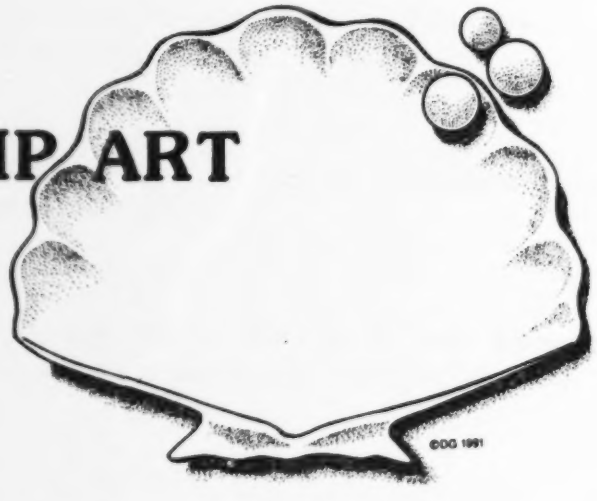
The Waters of Mount Desert Island. Ken Medema, Music. Christopher Hammon, Photography. Journal of Pastoral Care Publications. 1549 Clairmont Road, Suite 103. Decatur, GA. 30033. (404) 320-1472. 48 minutes.

A videotape to reduce stress, renew spirit, and nurture hope. Video photography from the Acadia National Park in Maine is woven together with an original piano score composed and performed in harmony with the natural sounds of the island to make this an extremely relaxing experience.

The Joy of Stress. Training Images International (Distributor). 7334 Topanga Bl. Suite 117. Canoga Park, CA. 91303. (800) 882-9436, ask for "Leslee". 20 minutes.

Best-selling authors Dr. Peter Hanson and Dr. Kenneth H. Blanchard give practical, no-nonsense advice for getting a handle on stress and turning it into a positive force for higher productivity and performance. They encourage the viewer to form these healthy habits: * Identify and balance priorities * Get feedback and support from others and * Follow a nutritious diet and a program of regular exercise. Leader's Guide included.

CLIP ART



FOR
PROGRAM DEVELOPMENT

WHAT TO DO

--If you believe that someone may be suicidal--

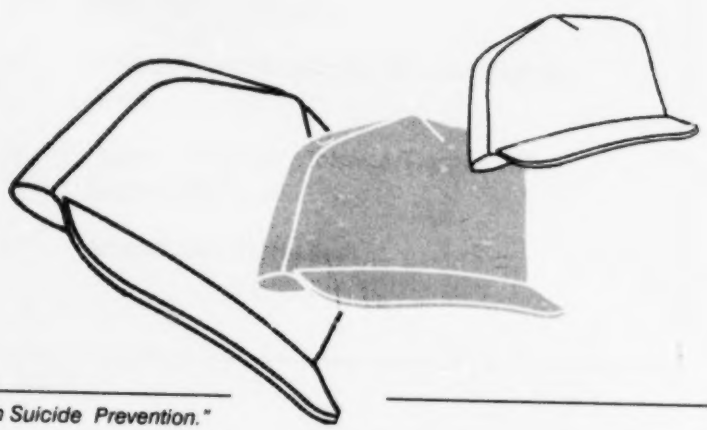
- Take threats seriously. Give some thought to what the person says. It may not be just idle talking.

- Answer cries for help. Offer support, understanding and compassion. Remember that the person is in emotional pain.

- Confront the problem. If you suspect that a person is suicidal begin asking questions. Be direct. Be a good listener. Do not make moral judgments, act shocked or make light of the situation.

- Tell them you care. Assure the person that some help is available and provide encouragement with helpful listening.

- Get professional help. Offer to go with them or take them to help. If you are unsuccessful, tell someone else about the person, i.e. your division officer, the chaplain, the career counselor.



"Will They Be With Us Tomorrow: Chaplains in Suicide Prevention."

THESE FACTS MAY ANSWER QUESTIONS

...YOU HAD IN THE PAST

...YOU MAY BE ASKED IN THE FUTURE...

- People who talk about suicide ***DO*** kill themselves.
- People generally ***DO NOT*** want to die. They have eliminated alternatives WITHOUT consideration.
- People who kill themselves are generally ***NOT*** crazy. They are in emotional pain, angry or depressed.
- Most suicides ***ARE*** planned.
- People who have attempted suicides, and their crisis continues, are at higher risk for a successful attempt.
- Talking to an individual about your concern/suspicions ***DOES*** help.

WARNING SIGNS

- Suicide Ideation; Gesture or Attempt
- History of Suicidal Behavior
- Depression (Apathy, Anxiety, Sleeping Difficulty, Hopelessness)
- Personality Changes
- Makes Arrangements to Give Belongings Away
- History of Family Violence/Turmoil with Current Marriage
- Alcohol Use Increases

This list of symptoms is in no special order nor are they of equal weight. But, the more of these symptoms the individual exhibits the more likely the potential for suicide.

The Basics of

EVALUATING A SUICIDE

CONFUSION. The potential suicide has a marked inability to separate and evaluate problems.

FEAR OF THE FUTURE. Although it may sound incongruous, many persons commit suicide because they fear death. "I know it's cowardly to think of suicide," they say, but actually they are thinking that if they can accomplish suicide they won't have to fear the things that really worry them.

URGE TO KILL. The potential suicide may be seeking revenge, thinking, "You may be sorry when I'm gone." This is a dangerous attitude because it may give birth to homicide.

LACK OF ROOTS. Very few persons commit suicide in the town or region of their birth. The farther away from home, family connections, and close friends a person gets, the more likely suicide becomes.

MEANS. A suitable suicidal tool is available. This factor carries double weight if the person frequently mentions having the tool.

WITHDRAWAL. The potential suicide often systematically eliminates social contacts. Dropping out of clubs, church, hobbies, and avoiding old friends. This reinforces such inner feelings as, "I'm not needed."

A VAGUE ILLNESS. Frequent complaints about indefinite physical illness, "an ache all over feeling," or chemical psychosomatic signs reflect a high degree of disorganization.

NEGATIVE PROTEST. This is a tricky factor. If a person tells you in an overemphatic manner, that he/she is not contemplating suicide, be careful.

FINANCIAL REVERSE. Here, it is apparently the loss of status as much as the loss of money that is significant.

RATIONALIZATION. Occasionally the potential suicide will attempt an aggressive defense of suicide. This is especially true in the cases where the subject is following the footsteps of a relative.

PREVIOUS ATTEMPT. Recent studies agree that approximately 75% of accomplished suicides have made a previous attempt.

FAMILY HISTORY. Statistically, persons who have had a suicide in the family are more likely to commit or attempt suicide.

from: "Will They Be With Us Tomorrow: Chaplains in Suicide Prevention."

SUICIDE
FACT or FICTION

An encounter with a suicidal person is always a deeply moving experience. There is a fear of not knowing what to do, or doing the wrong thing.

There are many myths about suicide which keep us from becoming involved.

FABLE: Suicide happens without warning.
FACT: Studies reveal that the suicidal person gives many clues and warnings regarding suicidal intentions.

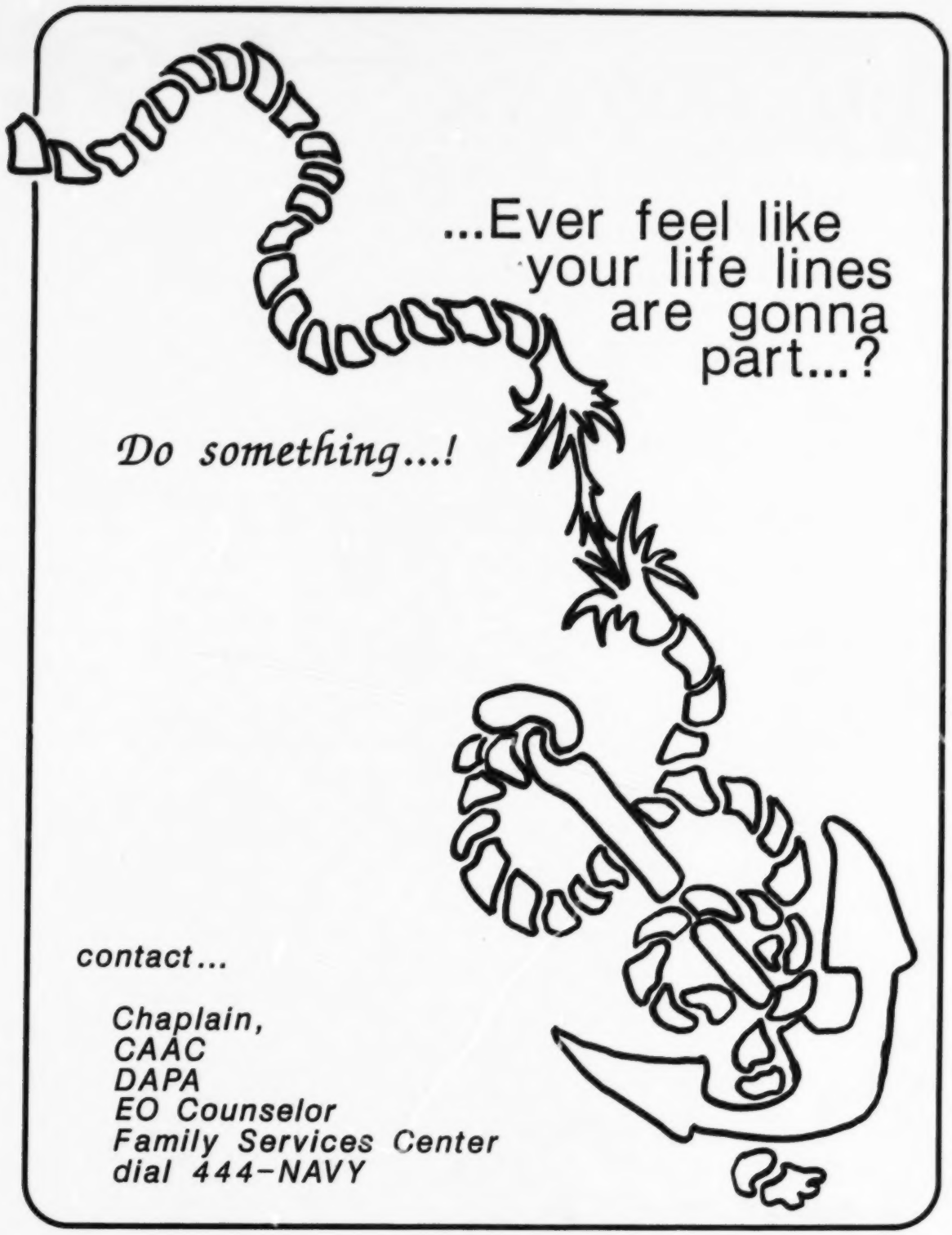
FABLE: All suicidal individuals are mentally ill.
FACT: Although extremely unhappy, the person is not necessarily mentally ill.

FABLE: Suicide is an act of impulse with no previous planning.
FACT: Most suicides are carefully planned and thought about for weeks.

FABLE: A person who attempts suicide will not try again.
FACT: Most people who commit suicide have made previous attempts.

FABLE: Because it includes the holiday season, December is a high suicide rate.
FACT: Nationally, December has the lowest suicide rate of any month.

FABLE: People who commit suicide are people who were unwilling to seek help.
FACT: Studies of suicide victims have shown that more than half had sought help within six months before their deaths.


...Ever feel like your life lines are gonna part...?
Do something...!
contact...
Chaplain,
CAAC
DAPA
EO Counselor
Family Services Center
dial 444-NAVY

MY YOUNG LIFE

by Arthur Rubinstein

"I gave up all hopes. I had reached the bottom.
The idea of death by suicide was not novel to me.
It had been on my mind before. But, from that moment on
I couldn't think of anything else.
It became an obsession.
There was nothing left for me. Life had driven me
into an inextricable position. I wanted to die.
I was ready for it.

...in attempting suicide
I was completely dismissing the world I was
going to leave behind, so no wonder
that
after my "suicide manque"
I felt as if I had been reborn.
My 'rebirth' brought yet another surprise:
it created a revolution in my whole psychic system.
I suddenly started to think.
The life I had been leading
consisted of a series of events
for which I had no responsibility;
I acted entirely by instinct,
following blindly the road drawn out for me
by circumstances;
I never tried to analyze anything.

Well, on that night,
right there in the street,
on my way to Aschinger's for my dinner de luxe,
my brain was full of philosophical thoughts,
and it resulted in a new conception of life...
Let me say only that in this chaos
of thoughts
I discovered the secret of happiness
and I still cherish it:
Love life for better or for worse,
without conditions."

•

He was not yet 30 when this
event occurred.
Arthur Rubinstein died in 1982
at age 92.
He was among
the greatest pianists
of the
twentieth century.

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